

EXHIBIT C

PROOF OF CLAIM

Name of Debtor

USA Commercial Mortgage Company

Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor and Address



11321242037792

PAGE PATTI
1225 TRIUMPH COURT
LAS VEGAS NV 89117

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

Check box if this address differs from the address on the envelope sent to you by the court

IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number 702 275-9500

Last four digits of account or other number by which creditor identifies debtor

5853

Check here if this claim replaces a previously filed claim dated _____
 or amends _____

1 BASIS FOR CLAIM

- | | |
|--|---|
| <input type="checkbox"/> Goods sold | <input type="checkbox"/> Personal injury/wrongful death |
| <input type="checkbox"/> Services performed | <input type="checkbox"/> Taxes |
| <input checked="" type="checkbox"/> Money loaned | <input type="checkbox"/> Other (describe briefly) _____ |

Retiree benefits as defined in 11 U S C § 1114(a)

Unremitted principal

Wages salaries and compensation (fill out below)

Other claims against servicer (not for loan balances)

Last four digits of your SS # _____

Unpaid compensation for services performed from _____ to _____

(date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed
See reverse side for important explanations

UNSECURED NONPRIORITY CLAIM \$ _____

Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority

SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

Real Estate Motor Vehicle Other _____

Value of Collateral \$ 400,000

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured claim all or part of which is entitled to priority

Amount entitled to priority \$ _____

Specify the priority of the claim

- Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)
- Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)
- Contributions to an employee benefit plan - 11 U S C § 507(a)(5)

Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7)

Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)

Other - Specify applicable paragraph of 11 U S C § 507(a) (____)

* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM \$

AT TIME CASE FILED

(unsecured) \$ 200,000\$ 200,000\$ 200,000(Total) \$ 200,000

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

BY MAIL TO
BMC Group

Attn: USACM Claims Docketing Center
P O Box 9111
El Segundo CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO
BMC Group

Attn: USACM Claims Docketing Center
1330 East Franklin Avenue
El Segundo CA 90245

THIS SPACE FOR COURT USE ONLY

USA CMC

1072500550

DATE

10.6.06

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

PATTI PAGE
PATRICIA PAGE

FILED OCT 11 2006

PROOF OF CLAIM

Name of Debtor

USA Commercial Mortgage
Company

Case Number

06-10725-LB12

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address

PANAGIOTIS DOVANIDIS & DIMITRA
DOVANIDOU
J T WROS
14 MIKINON STREET
GLYFADA ATHENS, 16674
GREECE

Creditor Telephone Number () 011-30210-9622926

Last four digits of account or other number by which creditor identifies debtor

4041

 Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
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1 BASIS FOR CLAIM

- Goods sold Personal injury/wrongful death
 Services performed Taxes
 Money loaned Other (describe briefly)

 Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages salaries and compensation (fill out below)

Last four digits of your SS # _____

Unpaid compensation for services performed from _____ to _____

 Unremitted principal Other claims against servicer (not for loan balances)

(date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed

See reverse side for important explanations

UNSECURED NONPRIORITY CLAIM \$

- Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority

SECURED CLAIM

 Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

 Real Estate Motor Vehicle Other _____

Value of Collateral \$ 30,000.00

Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____ Up to \$2,225 of deposits toward purchase, lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7) Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) Other Specify applicable paragraph of 11 U.S.C. § 507(a) (____)

Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED

\$ 30,000.00 \$

\$ 30,000.00

(unsecured)

(secured)

(priority)

(Total)

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THIS SPACE FOR COURT USE ONLY

BY MAIL TO

BMC Group

P.O. Box 411

El Segundo, CA 90245

BY HAND OR OVERNIGHT DELIVERY TO

BMC Group

Attn: LS CMF

1330 East Franklin

El Segundo, CA 90245

FILED NOV 29 2006

DATE

11/21/06

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Panagiotis Dovaniidis

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571

USA CMC



1072501501

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA

PROOF OF CLAIM

Name of Debtor

~~USA COMMERCIAL MORTGAGE COMPANY~~

Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address

PANAGIOTIS DOVANIDIS & DIIMITRI
DOVANIDOU
17 VILNIOS ST
14 MIKINON ST
GLYFADA ATHENS, 16674
Greece

Creditor Telephone Number () 011-30210-9622926

Last four digits of account or other number by which creditor identifies debtor

4041

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1 BASIS FOR CLAIM

- | | |
|--|---|
| <input type="checkbox"/> Goods sold | <input type="checkbox"/> Personal injury/wrongful death |
| <input type="checkbox"/> Services performed | <input type="checkbox"/> Taxes |
| <input checked="" type="checkbox"/> Money loaned | <input type="checkbox"/> Other (describe briefly) _____ |

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Wages salaries and compensation (fill out below)

Last four digits of your SS # _____

Unpaid compensation for services performed from _____ to _____

Unremitted principal

Other claims against servicer (not for loan balances)

(date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed

See reverse side for important explanations

UNSECURED NONPRIORITY CLAIM \$

Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority

SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

Real Estate Motor Vehicle Other _____

Value of Collateral \$ 50,000.00

Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____

Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use 11 U.S.C. § 507(a)(7)

Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)

Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)

Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM \$

AT TIME CASE FILED

\$ 50,000.00

(unsecured)

(secured)

\$ 50,000.00

(priority)

(Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

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7 SUPPORTING DOCUMENTS *Attach copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary

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BY MAIL TO

BMC Group

PO Box 10000

El Segundo, CA 90245

Telephone (310) 222-1000

Facsimile (310) 222-1000

E-mail (310) 222-1000

Fax (310) 222-1000

URL (310) 222-1000

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UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA

PROOF OF CLAIM

Name of Debtor
*USA COMMERCIAL MORTGAGE
COMPANY*Case Number
06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address
*PANAGIOTIS DIMITRIOS & PANTHAKI
DIMITRIOS
STN 203
14 LIMENON STREET
GARIFONI ATHENS, 16674
GREECE*Creditor Telephone Number (*011-30210-9622826*)Last four digits of account or other number by which creditor identifies debtor
4041

1 BASIS FOR CLAIM

- Goods sold Personal injury/wrongful death
 Services performed Taxes
 Money loaned Other (describe briefly)

 Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages salaries and compensation (fill out below)

Last four digits of your SS # _____

Unpaid compensation for services performed from _____

 Unremitted principal Other claims against servicer (not for loan balances)

(date) (date)

Check here replaces
if this claim or
amends a previously filed claim dated _____

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed

See reverse side for important explanations

UNSECURED NONPRIORITY CLAIM \$

- Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority

SECURED CLAIM

 Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

 Real Estate Motor Vehicle Other _____Value of Collateral \$ *30,000.00*

Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____

 Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7) Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) Other Specify applicable paragraph of 11 U.S.C. § 507(a) (____)

* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM \$

AT TIME CASE FILED

\$ *30,000.00* \$

(unsecured)

(secured)

(priority)

\$ *30,000.00* \$

(Total)

- Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS *Attach copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous attach a summary

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THIS SPACE FOR COURT USE ONLY

BY MAIL TO
BMC GroupP.O. Box 420991
Las Vegas, NV 89142-0991BY HAND OR OVERNIGHT DELIVERY TO
BMC GroupAttn: USA Civil Dept.
1330 East Franklin Ave.
El Segundo, CA 90245

FILED NOV 29 2006

DATE

11/21/06

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Dorothy

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

USA CMC



UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA

PROOF OF CLAIM

Name of Debtor

USA COMMERCIAL MORTGAGE
COMPANY

Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers

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Name of Creditor and Address

PAHALIOTIS DIMITRIOS & DIMITRI
DOVANIDIS
JTWROS
14 MINON ST
GLYFADA ATHENS, 16674
GREECE

Creditor Telephone Number (011-30210-9622926

Last four digits of account or other number by which creditor identifies debtor

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ONE OF THE DEBTORSIf you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
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1 BASIS FOR CLAIM

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 Services performed Taxes
 Money loaned Other (describe briefly)

 Retiree benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal Wages salaries and compensation (fill out below) Other claims against servicer (not for loan balances)

Last four digits of your SS #

Unpaid compensation for services performed from _____ to _____

(date) (date)

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UNSECURED NONPRIORITY CLAIM \$

- Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority

UNSECURED PRIORITY CLAIM

- Check this box if you have an unsecured claim all or part of which is entitled to priority

Amount entitled to priority \$

Specify the priority of the claim

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
 Wages salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)
 Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)

SECURED CLAIM

 Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

 Real Estate Motor Vehicle Other _____

Value of Collateral \$ 30,000.00

Amount of arrearage and other charges at time case filed included in secured claim if any \$

 Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7) Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) Other Specify applicable paragraph of 11 U.S.C. § 507(a) (____)

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5 TOTAL AMOUNT OF CLAIM \$ 30,000.00 \$ 30,000.00
(unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

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BY HAND OR OVERNIGHT DELIVERY TO
BMC GroupAttn: USA Client
1330 East Franklin Avenue
El Segundo, CA 90247

FILED NOV 29 2006

DATE

11/21/06

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Dovaniidis

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 AND 3571

USA CMC



1072501504

Case 06-10725-gwz Doc 8806-3 Entered 08/03/11 10:50:40 Page 7 of 12

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM	
Name of Debtor <i>USA COMMERCIAL MORTGAGE COMPANY</i>	Case Number <i>06-10725-LBR</i>	
<p>NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503</p>		
<p><input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars</p> <p><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case</p> <p><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court</p> <p>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</p> <p>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again</p> <p>THIS SPACE IS FOR COURT USE ONLY</p>		
Creditor Telephone Number (<i>016-30210-7622826</i>)	Last four digits of account or other number by which creditor identifies debtor <i>4041</i>	
Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> or amends a previously filed claim dated _____		
1 BASIS FOR CLAIM <ul style="list-style-type: none"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <ul style="list-style-type: none"> <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) <input type="checkbox"/> Last four digits of your SS # <input type="checkbox"/> Unpaid compensation for services performed from _____ to _____ (date) (date) 		
2 DATE DEBT WAS INCURRED		
3 IF COURT JUDGMENT, DATE OBTAINED		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations		
UNSECURED NONPRIORITY CLAIM \$ <ul style="list-style-type: none"> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority 		
SECURED CLAIM <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) <input type="checkbox"/> Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ 		
<ul style="list-style-type: none"> <input type="checkbox"/> Value of Collateral \$ <i>30,000.00</i> <input type="checkbox"/> Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____ 		
<ul style="list-style-type: none"> <input type="checkbox"/> Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____) 		
<i>Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</i>		
5 TOTAL AMOUNT OF CLAIM \$ <i>\$ 30,000.00</i> \$ <i>\$ 30,000.00</i> AT TIME CASE FILED (unsecured) (secured) (priority) (Total)		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges		
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary		
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 1, 2006, for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).		THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group <i>J. A. L. - 1330 East Flamingo Rd., El Segundo, CA 90245</i>		BY HAND OR OVERNIGHT DELIVERY TO BMC Group <i>Attn: J. A. L. - 1330 East Flamingo Rd., El Segundo, CA 90245</i>
DATE <i>11/21/06</i>	SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <i>J. A. L. - 1330 East Flamingo Rd., El Segundo, CA 90245</i>	
FILED NOV 29 2006		

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571.

USA CMG



UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor <i>USA COMMERCIAL MORTGAGE COMPANY</i>	Case Number <i>06-10725-LBR</i>		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court	
Name of Creditor and Address <i>PANAGIOTIS DOVANIDIS & DIMITRA DOVANIDOU 14 MIKINONIS ST GLYFADA ATHENS 16674 GREECE</i>		DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again	
Creditor Telephone Number () <i>011-30210-9622426</i>	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor <i>4041</i>	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> or <input type="checkbox"/> amends a previously filed claim dated _____		
1 BASIS FOR CLAIM		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input type="checkbox"/> Taxes <input type="checkbox"/> Wages salaries and compensation (fill out below) <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2 DATE DEBT WAS INCURRED		3 IF COURT JUDGMENT, DATE OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations			
UNSECURED NONPRIORITY CLAIM \$ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority			
SECURED CLAIM <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <i>50,000.00</i> Amount of arrearage and other charges <u>at time case filed</u> included in secured claim if any \$ _____			
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)			
5 TOTAL AMOUNT OF CLAIM \$		\$ <i>30,000.00</i> \$ <i>50,000.00</i> \$ <i>50,000.00</i>	
(unsecured) (secured) (priority) (Total)			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary			
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received or on or before 5:00 pm Pacific time on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).			THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group JCA 11-1 P.O. Box 911 El Segundo, CA 90245		BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn: USA/C.J.C. Unit 1330 East Franklin Avenue El Segundo, CA 90245	
DATE <i>11/21/06</i>	SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <i>Brennan</i>		
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571			
		USA CMC 1072501506	



UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA

PROOF OF CLAIM

Name of Debtor
USA COMMERCIAL MORTGAGE CO

Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address

*PANAGIOTIS DOVANIOTIS &
DIMITRA DOVANIOTOU TROS
14 MIKINON ST.
GLYFAOA ATHENS, 16645
GREECE*

*302W - 9622426*Creditor Telephone Number () *011-~~23~~ 9622426*

Last four digits of account or other number by which creditor identifies debtor

4041 Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court**DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS**If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
THIS SPACE IS FOR COURT USE ONLY

1 BASIS FOR CLAIM

- Goods sold
- Personal injury/wrongful death
- Services performed
- Taxes
- Money loaned
- Other (describe briefly)

 Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages salaries and compensation (fill out below)

Last four digits of your SS # _____

Unpaid compensation for services performed from _____ to _____

 Unremitted principal Other claims against servicer (not for loan balances)

(date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed

See reverse side for important explanations

UNSECURED NONPRIORITY CLAIM \$

 Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority

SECURED CLAIM

 Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

 Real Estate Motor Vehicle Other _____Value of Collateral \$ *30,000.00*Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____ Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7) Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) Other Specify applicable paragraph of 11 U.S.C. § 507(a) (____)

Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM \$

AT TIME CASE FILED

\$ *30,000.00* \$\$ *30,000.00*

(unsecured)

(secured)

(priority)

(Total)

 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (NOT ACCEPTED) so that it is actually received on or before 5:00 pm prevailing Pacific time or November 10, 2016 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

THIS SPACE FOR COURT USE ONLY

BY MAIL TO
BMC GroupBY HAND OR OVERNIGHT DELIVERY TO
BMC GroupATTN: USACLERK IIS
1330 East Franklin Avenue
El Segundo, CA 90245

FILED NOV 29 2006

DATE

11/21/06

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Dimitra Tros

Penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571

USA CMC



1072501507

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA

PROOF OF CLAIM

Name of Debtor

USA COMMERCIAL MORTGAGE CO

Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address

PANAGIOTIS DOUANIDIS &
DIMITRA DOUANIDOU STAVROS
14 MIKINON ST
GLYFADA ATHENS, 16675
GREECE

Creditor Telephone Number () 011-30210-9622426

Last four digits of account or other number by which creditor identifies debtor

4041

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

Check box if this address differs from the address on the envelope sent to you by the court

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

THIS SPACE IS FOR COURT USE ONLY

Check here replaces
if this claim or
 amends a previously filed claim dated _____

1 BASIS FOR CLAIM

- Goods sold Personal injury/wrongful death
- Services performed Taxes
- Money loaned Other (describe briefly)

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Wages salaries and compensation (fill out below)

Last four digits of your SS # _____

Unpaid compensation for services performed from _____ to _____

(date) (date)

(date) (date)

Unremitted principal

Other claims against servicer (not for loan balances)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed
See reverse side for important explanations

UNSECURED NONPRIORITY CLAIM \$

Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority

SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

Real Estate Motor Vehicle Other _____

Value of Collateral \$ 30,000.00

Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____

Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use 11 U.S.C. § 507(a)(7)

Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)

Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)

Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM \$ _____

\$ 30,000.00 \$

\$ 30,000.00

(unsecured)

(secured)

(priority)

(Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous attach a summary

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm prevailing Pacific time on November 1, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO
BMC Group

P.O. Box 411
El Segundo, CA 90245-4111

THIS SPACE FOR COURT USE ONLY

FILED NOV 9 2006

DATE

11/21/06

SIGN and print the name and title if any of the creditor or other person authorized to file this claim. Attach copy of power of attorney if any

Panagiotis Douanidis

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 AND 3571

USA CMC



1072501508

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA

PROOF OF CLAIM

Name of Debtor

USA COMMERCIAL MORTGAGE
CO

Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address

PANAGIOTIS DOVANIDIS &
DIMITRA DOVANI DOU JEWAOIS
14 MIKINON ST
GLYFADA ATHENS, 16675
GREECE

Creditor Telephone Number () 011-30210-9622426

Last four digits of account or other number by which creditor identifies debtor

4041

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

Check box if this address differs from the address on the envelope sent to you by the court

DO NOT FILE THIS PROOF OF CLAIM FOR A
SECURED INTEREST IN A BORROWER THAT IS NOT
ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
THIS SPACE IS FOR COURT USE ONLY

1 BASIS FOR CLAIM

- | | |
|--|---|
| <input type="checkbox"/> Goods sold | <input type="checkbox"/> Personal injury/wrongful death |
| <input type="checkbox"/> Services performed | <input type="checkbox"/> Taxes |
| <input checked="" type="checkbox"/> Money loaned | <input type="checkbox"/> Other (describe briefly) |

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Unremitted principal

Wages salaries and compensation (fill out below)

Other claims against servicer (not for loan balances)

Last four digits of your SS # _____

Unpaid compensation for services performed from _____ to _____

(date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed
See reverse side for important explanations

UNSECURED NONPRIORITY CLAIM \$

Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority

UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured claim all or part of which is entitled to priority

Amount entitled to priority \$ _____

Specify the priority of the claim

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
 Wages salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)
 Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)

SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

Real Estate Motor Vehicle Other _____

Value of Collateral \$ 50,000.00

Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____

Up to \$2,225 of deposits toward purchase lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7)

Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)

Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)

*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM \$

AT TIME CASE FILED

\$ 50,000.00

\$

\$ 50,000.00

(Total)

(unsecured)

(secured)

(priority)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous attach a summary

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (YES NO) ACCEPTED so that it is actually received on or before 5:00 pm prevailing Pacific time or November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO

BMC Group

Attn: U.S. Trustee

1330 East Franklin Street

El Segundo, CA 90245

THIS SPACE FOR COURT
USE ONLY

FILED NOV 29 2006

DATE

11/21/06

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Panagiotis

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

USA CMC



1072501509

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA

PROOF OF CLAIM

Name of Debtor

USA COMMERCIAL MORTGAGE CO.

Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address

PANAGIOTIS DOVANIDIS +
DIMITRA DOVANIDOU JTWAROS
14 MIKINON ST.
GLYFADA ATHENS, 166175
GREECE

Creditor Telephone Number () 011-30210-9622826

Last four digits of account or other number by which creditor identifies debtor
4041

1 BASIS FOR CLAIM

- | | |
|--|---|
| <input type="checkbox"/> Goods sold | <input type="checkbox"/> Personal injury/wrongful death |
| <input type="checkbox"/> Services performed | <input type="checkbox"/> Taxes |
| <input checked="" type="checkbox"/> Money loaned | <input type="checkbox"/> Other (describe briefly) |

 Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages salaries and compensation (fill out below)

Last four digits of your SS # _____

Unpaid compensation for services performed from _____ to _____

 Unremitted principal Other claims against servicer (not for loan balances)

(date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed

See reverse side for important explanations

UNSECURED NONPRIORITY CLAIM \$

- Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority

UNSECURED PRIORITY CLAIM

- Check this box if you have an unsecured claim all or part of which is entitled to priority

Amount entitled to priority \$ _____

Specify the priority of the claim

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
 Wages salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)
 Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)

SECURED CLAIM

 Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

 Real Estate Motor Vehicle Other _____

Value of Collateral \$ 50,000.00

Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____

 Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7) Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) Other Specify applicable paragraph of 11 U.S.C. § 507(a) (____)

Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM \$ 30,000.00 \$ 50,000.00
 AT TIME CASE FILED (unsecured) (secured) (priority) (Total)

- Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (DO NOT ACCEPTED) so that it is actually received on or before 5:00 pm prevailing Pacific time on November 13, 2006 for each person or entity (including individuals partnerships corporations joint ventures trusts and governmental units)

BY MAIL TO

BMC Group

P.O. Box 91
P.O. Box 91
P.O. Box 91

BY HAND OR OVERNIGHT DELIVERY TO

BMC Group
Attn: USACLIA 111
1330 East Franklin
El Segundo CA 90245

THIS SPACE FOR COURT USE ONLY

FILED NOV 29 2006

DATE

11/21/06

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Dovaniros